

EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 471-2021-01927 </div> </div>	
MICHIGAN DEPARTMENT OF CIVIL RIGHTS and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) MR. AHMED ELZEIN		Home Phone <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Year of Birth <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Street Address City, State and ZIP Code 7106 CEDAR BEND DRIVE, GRAND BLANC, MI 48439			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name ASCENSION GENESYS HOSPITAL		No. Employees, Members 501+	Phone No. <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Street Address City, State and ZIP Code 1 GENESYS PKWY, GRAND BLANC, MI 48439			
Name <div style="background-color: black; width: 100px; height: 1.2em;"></div>		No. Employees, Members <div style="background-color: black; width: 100px; height: 1.2em;"></div>	Phone No. <div style="background-color: black; width: 100px; height: 1.2em;"></div>
Street Address City, State and ZIP Code <div style="background-color: black; width: 100%; height: 1.2em;"></div>			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input checked="" type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input type="checkbox"/> SEX</div> <div style="width: 50%;"><input checked="" type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest 07-01-2020 12-14-2020 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): Since June 16, 2020, I have been employed by the Respondent as a Resident Physician, in the internal medicine residency program. I am the only African American in this program. During this period of discrimination, my managers, colleagues, and staff made unjustified distinctions based on my race and religion. On August 24, 2020, I was subjected to racists comments and called a 'Nigger' by a white Female, I complained to the senior manager and nothing was done. In October of 2020, I was told by a Caucasian male who witnessed me praying 'to go back where I came from. On November 11, 2020, I complained to the Program Director of Internal Medicine that I was being subjected to racial comments and not being taken serious. The Program Director of Internal Medicine stated, 'I was delusional, and unsure of what I was talking about.' In retaliation for complaining, the Program Director of Internal Medicine issued a petition to detain me at Ascension. I was ordered to report to Emergency to have a psyche examination. The Psychologist Head Program Director at Ascension advised I am completely fine and walked away. I requested legal representation, it was denied. The Program Director of Internal Medicine stated 'that we dont have time to			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.		NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Digitally signed by Ahmed Elzein on 05-12-2021 12:07 PM EDT		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	

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<p align="center">MICHIGAN DEPARTMENT OF CIVIL RIGHTS</p> <p align="center"><i>State or local Agency, if any</i></p>	
<p>wait for an attorney' and 'this is not your choice, dont make a scene or well drag you there so dont make a scene'. Fearing for my safety, I complied. No proper procedures were followed. I was taken against my will to Havenwyck Hospital, 1525 University Dr., Auburn Hills, MI 48326 without a court order, police, or proper legal action. I explained that there is nothing wrong with me, I am complaining about discrimination. I was humiliated, assaulted, and battered by hospital staff under the Program Director of Internal Medicines direction. I was strip searched and forced to change my clothes in-front of the female staff. Without any medical basis, I was then advised that I was paranoid and delusional and involuntarily being admitted to hospital. I again advised that I am fine and was told that it's not my choice. I was forced to give blood and urine samples and to undergo medical procedures also without my consent. A physician at Havenwyck, stated that there is nothing wrong with him, I dont see how he was admitted this way hes perfectly fine. The Program Director of Internal Medicine, the Social Worker and another physician issue a committal order without my acknowledgement. I was told, 'now you know what you did now you have to go in and correct what you did' I was injected with sedatives against my will. 'I again stated that I am not delusional, I was complaining of discrimination at work. I was told by another physician that 'I am not aware of my symptoms and will be issued medications and that I was having non-specific psychosis. I was forced to stay at Havenwyck where I was detained until November 17, 2020 when I am released with a return to work clearance. On November 23, 2020, I return to work, provide the clearance to the Occupational Health Physician and advised that I can report to work on November 24, 2020. After providing this clearance to the Program Director of Internal Medicine, I am informed that the Occupational Health Physician is revoking my clearance. On November 30, 2020, I was advised by the HR Manager, and the Program Director of Internal Medicine that they are aware of my admission to Havenwyck, and I was accused of not providing correct information to get clearance and that I can either go see another physician or provide the return to work note from Havenwyck. I am ordered to go to Ascension Providence Hospital in Southfield to have more intensive testing. On December 13, 2020, The Program Director of Internal Medicine received my personal medical information in violation of my right to confidentiality. On December 14, 2020, I am advised that I am not allowed to enter the hospital, you dont work here anymore, and you will be forfeiting your place in the program.</p> <p>I believe that I have been subjected to racial epithets, regarded as disabled, had my right to confidentiality violated, harassed, subjected to different terms and conditions of employment, forced to undergo a fitness for duty psychological evaluation, and discharge in retaliation for complaining on the basis of my Race, African American, my sincerely held religious beliefs-Muslim, in violation of Title VII of the Civil Rights Act of 1964 as amended and The Americans with Disabilities Act of 1990 as amended.</p>	

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<p>I declare under penalty of perjury that the above is true and correct.</p>	<p>I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.</p> <p>SIGNATURE OF COMPLAINANT</p>
<p align="center">Digitally signed by Ahmed Elzein on 05-12-2021 12:07 PM EDT</p>	<p>SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)</p>